

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27322**

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2021

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY OR TOWN Pattonville		c. LENGTH OF STAY (In this place) 20 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Charles Rock Rd.		e. STREET ADDRESS (If rural, give location) 1416 East John Ave. 2099			
3. NAME OF DECEASED (Type or Print) a. (First) Philip		b. (Middle) L.		c. (Last) Null	
4. DATE OF DEATH (Month) (Day) (Year) July 22, 1953		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 28, 1871		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 6 WKS. Hours Min. 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) / Springerton, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Null		13b. MOTHER'S MAIDEN NAME Louisa Rose	
14. NAME OF HUSBAND OR WIFE Louisa Null.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Grace Hengen, Pattonville, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH minutes	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture - Rt Femur		19. DATE OF OPERATION 4/20/53	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PATTONVILLE ST. LOUIS MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 5, 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? FALL IN DAUGHTER'S HOME	
22. I hereby certify that I attended the deceased from <u>1 April, 1948</u> , to <u>22 July, 1953</u> , that I last saw the deceased alive on <u>22 July, 1953</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE H. E. Hengen M.D.		(Degree or title)		23b. ADDRESS Pattonville, Mo.	
23c. DATE SIGNED 22 July 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-23-53	
24c. NAME OF CEMETERY OR CREMATORY Kitty Sweeten		24d. LOCATION (City, town, or county) (State) White Co., Illinois			
DATE REC'D BY LOCAL REG. 7-23-53		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
		ADDRESS 4700 Washington Blvd.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.